



WATCH OWCH

OFFICE OF WOMEN'S AND CHILDREN'S HEALTH

October 2005

Title V MCH Five-Year Needs Assessment and Block Grant Application

The Office of Women's and Children's Health has recently completed its 2005 Maternal Child Health (MCH) Five-Year Needs Assessment and 2006 MCH Block Grant Application. With the help of partners and community stakeholders, the following needs were identified as priorities for the Title V program.

Title V MCH Priority Needs:

1. Reduce teen pregnancy and increase women's access to reproductive health services.
2. Reduce obesity and overweight among women and children.
3. Reduce preventable infant mortality.
4. Reduce the rate of injuries, both intentional and unintentional.
5. Increase access to prenatal care among medically underserved women.
6. Improve the oral health of children, especially among high-risk populations.
7. Integrate mental health with general health care.
8. Increase the accessibility and availability of individualized health and wellness resources for children and youth with special health care needs in Arizona.
9. Increase the availability of a cohesive and stable continuum of resources within a medical home that includes an improved quality of life approach.
10. Increase the recognition of families as integral partners in the care of their child's health and wellbeing.

Please see Title V, page 3.

October is Domestic Violence Awareness Month

From the Needs Assessment:

"There were 110,369 calls to law enforcement for domestic violence in 2003. One in five of them resulted in an arrest, and minors were present at one in four cases. Requests for domestic violence shelters collected by the Arizona Department of Economic Security for 2003-2004 indicate that only 39 percent of those requesting shelter were given a bed that night. More than 15,500 requests for shelter were unmet.

"There were 365 inpatient hospitalizations for which a diagnosis code indicating violence against women was recorded in 2003. These cases represent the tip of the iceberg, as they capture only those cases that were severe enough to be admitted into the hospital and only those cases in which the cause of the injury was recognized as due to abuse.

"For the first time in 2004, emergency room data became available for analysis. There were 4,246 emergency room visits for which a diagnosis code indicated abuse, and in which the patient was not admitted into the hospital, representing a rate of 380.0 emergency visits for violence per 100,000 women age 18-44. The rate for women age 18-30 was considerably higher than the rate for women age 31-44 (471.0 per 100,000 women age 18-30 compared to 299.3 per 100,000 women age 31-44)."

The costs of domestic violence are staggering. According to one study, direct service-related costs (such as medical and law enforcement) are estimated to be between \$1 and \$10 billion annually.

Please see Domestic Violence, page 2.



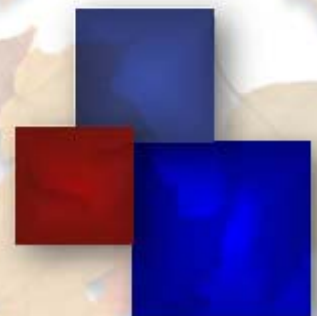
Contact Information

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Office of Women's and Children's Health (OWCH)

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Inside This Issue

MCH Needs Assessment...	1
Domestic Violence	1
Hurricane Relief	2
Developmental Service.....	3
Injury Prevention	4
HRPP Referral Line	4
Postpartum Depression	5
Child Health Day	5
Newborn Screening	6
New Employees	6




Domestic Violence Awareness Month

(continued from page 1)

How you can make a difference:

- 1) Listen! You may be the only safe person available to hear someone's story.
- 2) Learn more about domestic violence by reading books and contacting your local domestic violence program or state domestic violence coalition.
- 3) Offer to help develop a safety plan. This is important for whether the abused person leaves the relationship or remains with the abusive partner.
- 4) Have a list of resources available that you can share with the abused person.
- 5) Do not share the information you have learned from the abused person with anybody else. This may place the person in danger and keep them from trusting someone again in the future.

If you just want to do something:

- 1) Volunteer with your local domestic violence shelter or other service provider.
- 2) Learn more about domestic violence by reading books or contacting your local domestic violence program or state domestic violence coalition.
- 3) If you think your neighbors' argument has become violent, call the police. Your neighbors may never know who made that call, and you may save someone's life!
- 4) Speak up. Tell your friends, neighbors, co-workers, and family members that you believe violence towards another person or child is never okay.
- 5) Learn how to solve the difficulties you may have with another person in non-violent ways. Model this behavior to others. Change begins with us, and spreads to other persons, neighborhoods, cities, states, and countries. Become an agent of change!
- 6) Buy domestic violence stamps—the extra money goes to a fund in HHS for domestic violence victims. 

If You Are A Victim


- 1) Develop a safety plan for yourself and your children.
- 2) Contact your local domestic violence service program or state domestic violence coalition (602-279-2900) for information on the issue.
- 3) Contact the National 24 Hour Domestic Violence Hotline for information about safe shelter in your area (800-799-3224).
- 4) Find a safe person to talk to, such as a close friend, family member, or the pastor of your church. They can be an invaluable source of comfort and safety, and can help you explore your options and provide a sounding board for your decisions.
- 5) Know that violence is NEVER your fault. You do not deserve to be abused—EVER!

Hurricane Relief

OWCH nurses have been helping the victims of Hurricane Katrina. Mary Ellen Cunningham, Jan Kerrigan, and Patty Rhodes have worked shifts at Veteran's Memorial Coliseum in Phoenix, where some hurricane evacuees were relocated.

Mary Ellen worked the overnight shift on September 4th, helping doctors in the clinic transcribe and fax prescriptions to nearby pharmacies. She described the conditions as "organized chaos," saying that although there was a lot going on, everybody did a good job of dividing the Coliseum into functioning units.

Jan helped assess risk for the safety team planning care for evacuees. She is also on call to provide nursing services.

Patty worked day shifts on September 5th and 6th, organizing and inventorying donations in the medical supply room. 

For More Information, Call...

Arizona Coalition Against Domestic Violence
(602) 279-2900 & (602) 279-7270 (TTY)

National 24 Hour Domestic Violence Hotline
(800) 799-7233 & (800) 787-3224 (TDD)

Rural Safe Home Network (Arizona)
(602) 542-7341

Developmental Service

The Arizona Department of Health Services (ADHS) High Risk Perinatal Program (HRPP) would like to inform you of new developmental assessment services available for children enrolled in the HRPP program who are not AZEIP eligible and are either uninsured or underinsured. In the past, the program supported developmental clinics, and children were referred from the newborn intensive care unit (NICU) and the community. The current process is designed to address a need identified by physicians, maximize available resources, and reinforce the role of the primary care provider as the manager of their patient's care.

HRPP children are followed by community health nurses upon discharge from the NICU and the nurses conduct developmental screenings as indicated. When the results of a developmental screen indicate a potential developmental delay, the nurse will submit a one-page form to the primary care provider that describes the tool used and the screening results with a recommendation that the child receive a developmental assessment. If the primary care provider concurs with


the recommendation or, after conducting a developmental screening in his/her office, decides a child needs a developmental assessment, there are three options:

- If the HRPP child appears to be AZEIP eligible, the primary provider could make a referral to the Department of Economic Security.
- If the HRPP child does not appear to be AZEIP eligible and has insurance, he/she can be referred to a provider covered by the patient's insurance plan.
- If the HRPP child does not have insurance or the insurance does not cover developmental assessments, he/she can be referred to one of the contracted developmental services agencies listed at the end of this article.

Once a referral is made to a contracted developmental service agency, the agency will contact the family to schedule the developmental assessment. The family and primary care provider will receive a narrative report within three weeks of the developmental assessment.

For children who need a developmental assessment but are uninsured and are not enrolled in the HRPP program, the primary care provider can make a referral to the Office for Children with Special Health Care Needs at 602-542-1860.

If you need to verify HRPP enrollment, please fax a request for inquiry to Dawn Lambert at 602-364-1494. If you have any questions regarding the developmental service contracts and how to access them, please feel free to call Mary Ellen Cunningham, HRPP unit manager, at 364-1400.

The agencies contracted to provide developmental assessments at this time are: Phoenix Children's Hospital, Banner Medical Center, Scottsdale Health Care, High Country Early Intervention Services, Northland Therapy Services, Hummingbird Early Intervention Services, and the Blake Foundation. In an attempt to provide services across the state, a second request for proposals will be issued to solicit developmental services for La Paz, Mohave, and Coconino counties. 

Title V MCH Needs Assessment

(continued from page 1)

These priorities reflect needs that are believed to be most important in terms of their size and seriousness, and which the Title V Maternal-Child Health Program has the capacity to influence. The Office of Women's and Children's Health also continues to operate other programs with funding sources outside of the Title V Block Grant.

To view the needs assessment and block grant application, please look under "Publications,"

or the "Assessment and Evaluation Section" of the OWCH website at <http://www.azdhs.gov/phs/owch>, or type in the following paths into your web browser:


2005 Title V MCH Needs Assessment: http://www.azdhs.gov/phs/owch/pdf/mchna_2005.pdf

2006 Title V Block Grant Application Narrative: http://www.azdhs.gov/phs/owch/pdf/az-narratives_rev_09_15_05

2006 Title V Block Grant Application Forms: <http://www.azdhs.gov/phs/>

[owch/pdf/az-forms_rev_09_15_05.pdf](http://www.azdhs.gov/phs/owch/pdf/az-forms_rev_09_15_05.pdf)

Thank you to all who assisted in identifying and prioritizing needs through the public input process, and who work on MCH issues throughout the state. Progress and plans related to MCH priorities will be reported each year in upcoming block grant applications.

For more information, contact Joan Agostinelli at agostij@azdhs.gov. 

Injury Prevention 101

Injuries are predictable, preventable and understandable. Understanding the why of injuries allows prevention specialists to educate communities that injury events are not accidents, fate, or destiny. Identifying factors that cause injuries leads to prevention strategies to stop injuries from occurring. This is important because injuries are the leading cause of death and disability to Arizonans between the ages of 1-44 years old.

An epidemiological approach is used to study and understand how injuries occur. The injury host and injury environment is similar to the medical disease model. The difference between the two is the causative agent. With injuries the agent (the cause of the injury) is energy. This energy can be mechanical, chemical, thermal, electrical, radiant, or absence of necessary energy elements (oxygen, heat).

Dr. William Haddon took the injury model a step further by placing the agent, host, and environment on a matrix to analyze what occurs pre-injury, during the injury event, and post injury. These phases correlate with primary, secondary, and tertiary injury prevention interventions.


Injury prevention focuses on preventing all types of unintentional or inten-

tional injuries, in different settings, and with different causes. Injury types include fractures, lacerations, penetrating injuries, burns, head injury, poisonings, strains, and drowning.

Who are prevention specialists? They are representatives of the community who are concerned about a particular injury issue, such as firefighters who conduct home safety checks for seniors, police officers who educate teenagers about restraint use, health departments who do car seat checks, and parent-teacher organizations that host bicycle rodeos.

The Injury Prevention Program uses a systematic effort to reduce deaths

and injuries from intentional and unintentional causes such as motor vehicle crashes, poisoning, falls, drowning, shooting, burns, assault, and self harm. The program's focus is on collecting and publishing data about injuries and working with various individuals and organizations throughout the state to develop strategies to avoid injuries.

There are many ways communities and individuals can be involved with the prevention of injuries. For more information visit the web site: <http://www.azdhs.gov/phs/owch/injuryprev.htm>, or contact Tomi St. Mars at stmarst@azdhs.gov. 


CAUSATIVE FACTORS

P H A S E S		Host	Agent	Environment	Environment
	Pre-Event/ Injury	Experience	Speed	Attitudes	Traffic
	Event/Injury	Seatbelts	Airbags	Enforcement	Guard Rails
	Post-Event/ Injury	Age		Training EMS	Distance to Care

HRPP Information and Referral Line

The High Risk Perinatal Program has provided maternal and neonatal transports throughout the state for more than 30 years. In 1967, Arizona initiated a system of transporting critically ill newborns from rural hospitals to intensive care centers. Later, the program expanded to include transports of mothers in premature labor to high-risk perinatal centers. After it was demonstrated that babies did well if transported to hospitals closer to their homes following the acute phase of their illness, back transports were added.

Up until now, if a physician wanted to consult with the HRPP neonatologist or perinatologist on call, he/she was able to access the consult by using one of three 1-800 lines serving the north, central, and southern parts of the state. This same 1-800 line could also facilitate transport if necessary. As a result of the recommendations of the High Risk Perinatal Program (HRPP), as of October 1st, 2005, there will be a single 1-800 toll-free line for perinatal and neonatal consultation, commonly known as the HRPP/NICP Information and Referral Line.

The number 1-800-552-5252, which had served as the Central Arizona line, is now the only state line and will be used to connect an attending physician with the HRPP on-call perinatologist or neonatologist. If, at the time of the consultation, a transport is determined to be necessary, the consulting perinatologist or neonatologist will make transport arrangements with the appropriate transport company. The Information and Referral Line will no longer arrange transportation. Its sole purpose will be to facilitate consultation with a perinatologist or neonatologist. 

Postpartum Mood Disorders

Training Opportunity: January 5 & 6, 2006

Perinatal Mood and Anxiety Disorders: Assessment and Treatment

This training will prepare health care professionals to properly assess, diagnose and provide appropriate treatment for women suffering with mood/anxiety disorders during pregnancy and postpartum.

Program Goal

The goal of this two-day training event is to prepare medical and mental health clinicians to screen, assess, diagnose, and treat perinatal mood/anxiety disorders. Participants will receive a certificate of completion from Postpartum Support International. For more information or to register, contact them directly at:


[www.postpartumcouples.com/
PPMDTTrainings.html](http://www.postpartumcouples.com/PPMDTTrainings.html)

Postpartum mood disorders affect millions of women worldwide, regardless of race, age, culture, or socioeconomic status. The symptoms vary, and may include feelings of sadness, anger, frustration, and confusion. Mothers experiencing a postpartum mood disorder may feel alone and ashamed of their symptoms. Fathers can also be affected by the disorder in different ways than the mother. These differences place an enormous amount of stress on couples' relationships, and can prove a difficult time for the entire family.

Up to 20 percent of new mothers will experience a perinatal mood/anxiety disorder. Although relatively common, few families are educated on the symptoms and treatment options for perinatal mood disorders. This, combined with the strong stigma associated with maternal mental health, often prevents families from seeking and obtaining the help they need. When left untreated, it often unfolds into lifelong, chronic anxiety/

depression. Development along cognitive and behavioral milestones frequently lags in children of depressed mothers. Prevention and early intervention can reduce suffering for the entire family. Perinatal mood disorders are treatable, yet there are few medical/mental health clinicians who specialize in them and few providers who routinely screen for them.

The postpartum website www.postpartumcouples.com provides information and resources to mothers and fathers. You can also leave a message with the Arizona Warmline (800-404-5875). A trained parent volunteer who has gone through the same situation will return your call as soon as possible. The Warmline volunteers offer support, encouragement, resources, and referrals within your community in the state of Arizona.

Remember: You are not alone. You are not to blame. You will be well. 

National Child Health Day


National Child Health Day is a day each year set apart for the nation to direct their thoughts toward the health and well being of our children. The aim is to remember that protection and development of the health of the today's children are fundamental to the future progress and welfare of the nation.

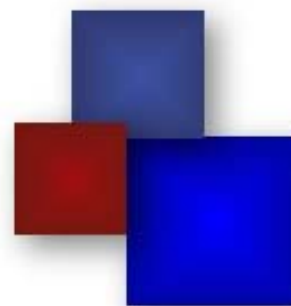
Congress approved a joint resolution to proclaim National Child Health Day on May 18, 1928, requesting "all agencies and organizations interested in child welfare to unite upon that day in the observance of such exercises as will awaken the people of the Nation to the fundamental necessity of a year-round program for the protection and development of

the health of the Nation's children." The President has proclaimed National Child Health Day every year since.

Each year the Maternal and Child Health Bureau focuses on a specific issue that affects the health and well-being of children. You can call the HRSA information center at 1-888-275-4772 to see what materials are available for this year's campaign that you can use year round.

Partners of the Office of Women's and Children's Health decided to focus their efforts on car seat safety. Car seat inspection events will be held in Maricopa, Coconino, Apache, Gila, Yavapai, Cochise, Pinal, La-

Paz, and Yuma counties. Volunteers from fire departments and police departments, county health departments, and safe kid coalitions will conduct car seat inspections. Thank you to all who helped celebrate this year's National Child Health Day. 



Newborn Screening Program Update

In April 2005, legislation authorizing changes to Arizona's Newborn Screening Program was passed. Since then, the Arizona Department of Health Services (ADHS) has been busy working with many interested groups in the community to plan and implement the changes.

Some of the work already done includes:

- Convening an expanded Newborn Screening Advisory Committee to recommend to ADHS the screens that should be performed on all Arizona newborns. The committee has recommended that Arizona screen for the 28 disorders detectable by blood-spot analysis that are also recommended by the March of Dimes, American Academy of Pediatrics, and the American College of Medical Genetics. The 28 disorders are prioritized for their significant clinical benefit, ability to treat, and reasonable cost. The previous legislation limited Arizona to testing for eight disorders.
- Purchase of and initial testing with new laboratory instruments (Tandem Mass Spectrometry or MS/MS) that will provide improved testing of some of the original tests (such as PKU) and an increase of over 28 possible new tests.
- Development of protocols for testing and follow up of new disorders, including the follow up services that will be provided for newborns who do not pass the initial hearing screen.

Work still ahead includes:

- Expanding the database for reporting and follow up of newborn screening results.
- Completing the rule-writing process to guide ADHS through implementation of the changes.

- Completing the extensive laboratory validation processes to be able to report the expanded panel. New disorder testing will be phased in from spring 2006 to 2007. The first disorders of the expanded testing will include all the amino acid disorders. Next, fatty acid oxidation disorders and organic acid disorders will be added, and finally cystic fibrosis.

- Beginning the follow up services to help assure that newborns who do not pass the initial hearing screening have appropriate services available to them.

We are very excited about the upcoming screening and follow up

that will be available for Arizona's babies. Collaborative efforts with community providers, families, interested groups, and ADHS will secure the success of this expansion. We look forward to working with you. Please visit the ADHS website for periodic updates on the progress of Newborn Screening at <http://www.azdhs.gov/phs/owch/newbrnscrn.htm> and http://www.azdhs.gov/diro/admin_rules/nbs.htm

If you have any questions regarding the Newborn Screening Program, or need more information, please call Jan Kerrigan, Newborn Screening Program Manager, at (602) 364-1409 or 1-800-548-8381.



New Employees Since Our Last Edition

Assessment & Evaluation

Shelley Kuklish
Epidemiologist II

Francine Reifsnyder
Information Processing Specialist II

Ebonee Rivers
Information Processing Specialist II

Hope Salas
Information Processing Specialist II

Community Services

Sylvia Everett
Customer Service Representative II

Dawn Lambert
Administrative Secretary I

Brenda Sharkey
Program & Project Specialist II

Claudia Valenzuela
Administrative Secretary I

Planning, Education, and Partnerships

Todd Pearce
Health Program Manager I

Tomi St. Mars
Health Program Manager III

Denisa Brown-Perkins
Administrative Assistant III

Monique Chavez
Administrative Secretary I